

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-045194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

FILED DEC 10 1962

Primary Registration District No.

500

Registrar's No.

3514

VS 300
Rev. 4/59

14031

280702

3

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5

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7

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94200

10

11

1247-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Normandy

Length of stay in lb

36 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. VINCENT'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Delaware

b. COUNTY

admission)

c. CITY

Wilmington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Salesian High School

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAYMOND

G.

CONNOLLY

4. DATE OF DEATH

Month

Day

Year

December 2, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/18/02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clergyman

10b. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS

11. BIRTHPLACE (City and state or country)

Fall River, Mass.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas M. Connolly

13b. MOTHER'S MAIDEN NAME

Mary Haggerty

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Very Rev. Wm. A. Stahl, Provincial.
2200 Kentmere, Wilmington, Delaware18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH
YearsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

Generalized Osteoarthritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from November 30, 1962 to Dec. 2, 1962 and last saw him alive on Dec. 1, 1962

Death occurred at 7:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Reim L. Baird, M.D.

22b. ADDRESS

St. Vincent's Hospital

22c. DATE SIGNED

12-2-62

22b. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

12-6-62

23c. NAME OF CEMETERY OR CREMATORY

OBLATE NOVITIATE CEM.

23d. LOCATION (City, town, or county)

CHILDS, MARYLAND

(State)

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Ferguson, Missouri

25. DATE RECD. BY LOCAL REG.

12-2-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address Berkeley, Cal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.